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04-27-1999 90203 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726729**

1. Corporation Name

CHURCH OF GOD (SEVENTH DAY) OF CENTRAL FLORIDA, INC.

434114 - 90203 - 45

Principal Place of Business	Mailing Address
ATTN: STEVEN L. KYNER 27 S. 5TH STREET HAINES CITY FL 33844 US	ATTN: STEVEN L. KYNER 27 S. 5TH STREET HAINES CITY FL 33844 US

2. Principal Place of Business 21	2a. Mailing Address 26 ATTN: Macon Stroupe	3. Date Incorporated or Qualifed 06/18/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PO Box 849	4. FEI Number 59-1481495 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Haines City, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33845 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BRANN, BRUCE M.
9525 SR 535
ORLANDO FL 32836

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STROUPE MACON		1.2 NAME	
STREET ADDRESS	1604 ROBINSON DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HINTON, DIANA		2.2 NAME	
STREET ADDRESS	3015 EAGLE LAKE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCDOWELL, ROSE D.		3.2 NAME	
STREET ADDRESS	1315 MOSS ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		3.4. CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DEMCHAK, JUANITA		4. 2 NAME	
STREET ADDRESS	4427 GINNY DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801		4.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	STROUPE, NILA G.		5.2 NAME	
STREET ADDRESS	1604 ROBINSON DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Macon Stroupe **REQUIRED** 4-24-99 941-422-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #